

# **Program Information**

*on Medicare, Medicaid, SCHIP,  
and other programs of the*

## **Centers for Medicare & Medicaid Services**

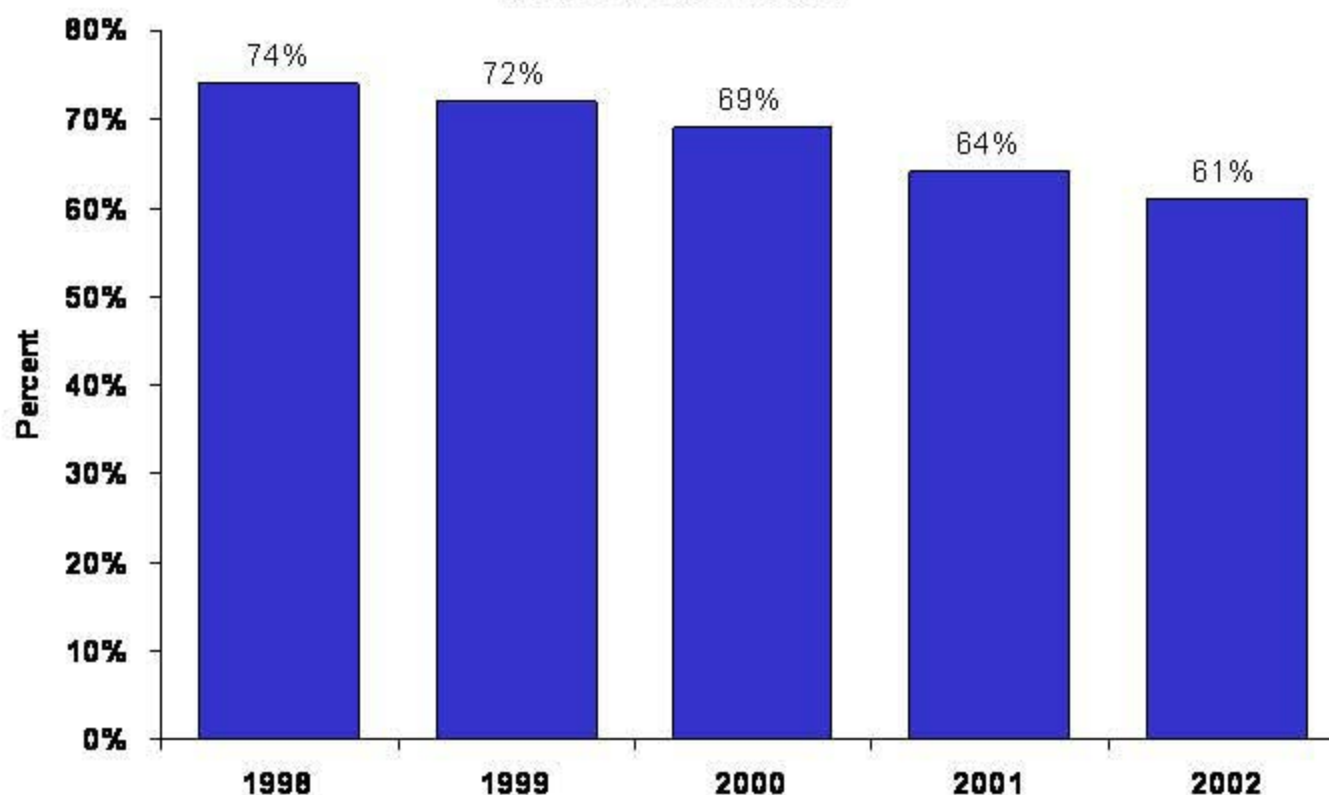


# **III. Medicare Program Information**

## **A. Medicare+Choice**

## Percent of Medicare Population with Access to at Least One Medicare+Choice Coordinated Care Plan

*Access to Medicare+Choice Coordinated Care Plans declined as plans withdrew in 2001 and 2002.*

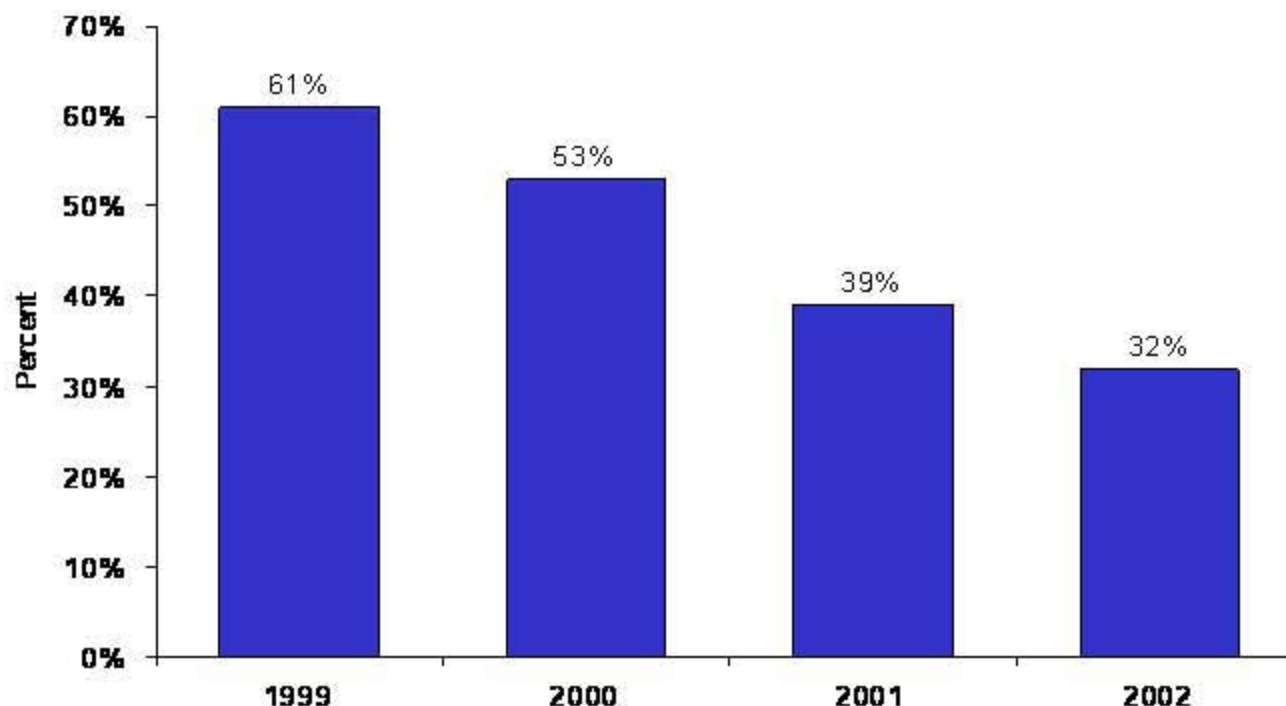


Notes: 1) Medicare+Choice Coordinated Care Plans are private managed care plans, such as health maintenance organizations, that enter into contracts with CMS to enroll Medicare beneficiaries and which are responsible for providing the full range of Medicare-covered services to their enrollees. 2) In 2001, an additional 18% of the Medicare population had access to Medicare+Choice through Sterling, the private fee-for-service plan. In 2002, an additional 16% have access to Sterling as the only available Medicare+Choice plan. 3) Data reflect the overall Medicare population.

Source: CMS, Office of Research, Development, and Information analysis of data from Medicare Compare and the CMS Plan Information Control System.

## Percent of Medicare Population with Access to Zero Premium Medicare+Choice Coordinated Care Plans

*Access to zero premium plans declined in 2002, continuing a pattern of significant decline.*

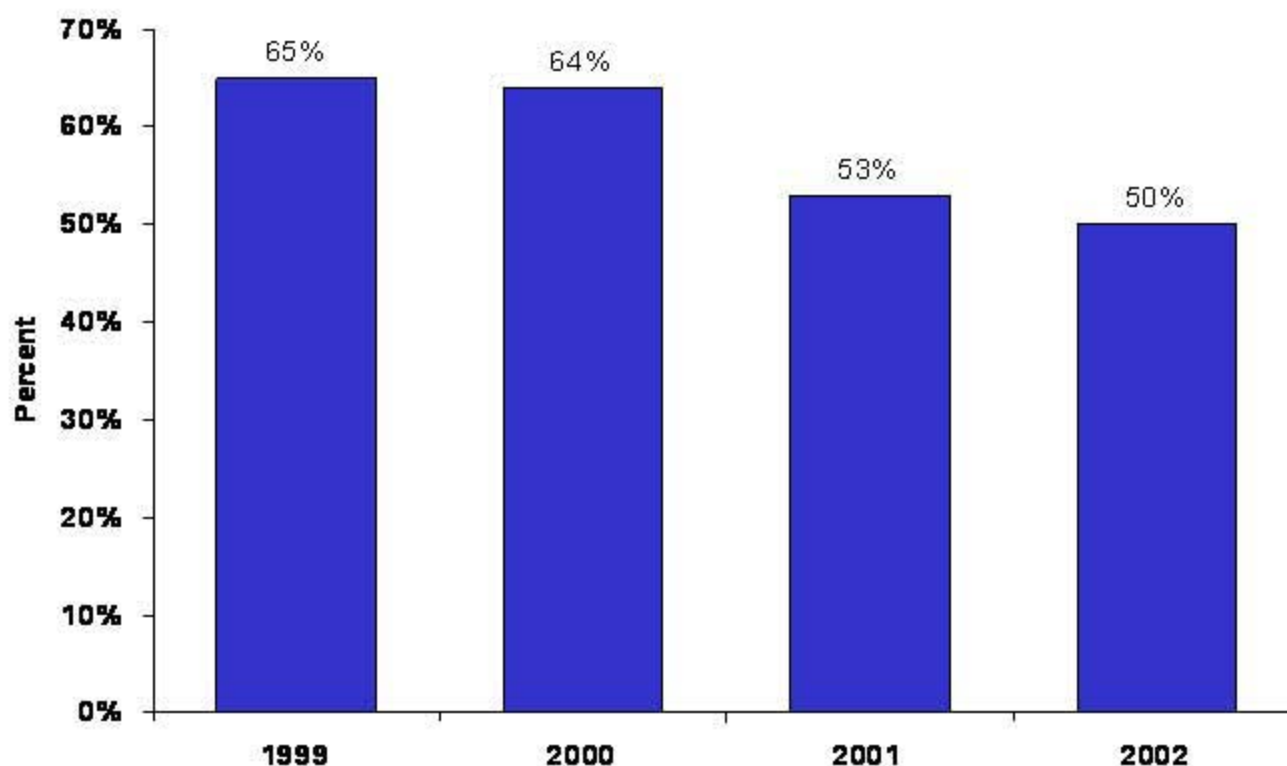


Notes: 1) Medicare+Choice Coordinated Care Plans are private managed care plans, such as health maintenance organizations, that enter into contracts with CMS to enroll Medicare beneficiaries and which are responsible for providing the full range of Medicare-covered services to their enrollees. 2) Zero premium plans are M+C plans that have no premium charge for beneficiaries who wish to enroll in the plan. M+C plans that do charge a premium may include, as part of the premium, charges for services not covered by Medicare, as well as charges for the cost sharing of traditional Medicare (e.g., the 20% cost sharing for physician services, which is not included in the Medicare program's payment to the M+C plan on behalf of the enrollee). Note that in order to enroll in an M+C plan, beneficiaries must continue to pay their Medicare Part B premiums. 3) For 2001, 46% of Medicare+Choice Coordinated Care Plan enrollees (including both those affected by a non-renewal and affected enrollees) were in zero premium plans. 4) Data reflect the overall Medicare population.

Source: CMS, Office of Research, Development, and Information analysis of data from Medicare Compare.

## Percent of Medicare Population with Access to Any Medicare+Choice Plan with Drug Coverage

*In 2002, access to any Medicare+Choice plans with drug coverage continued to decline.*



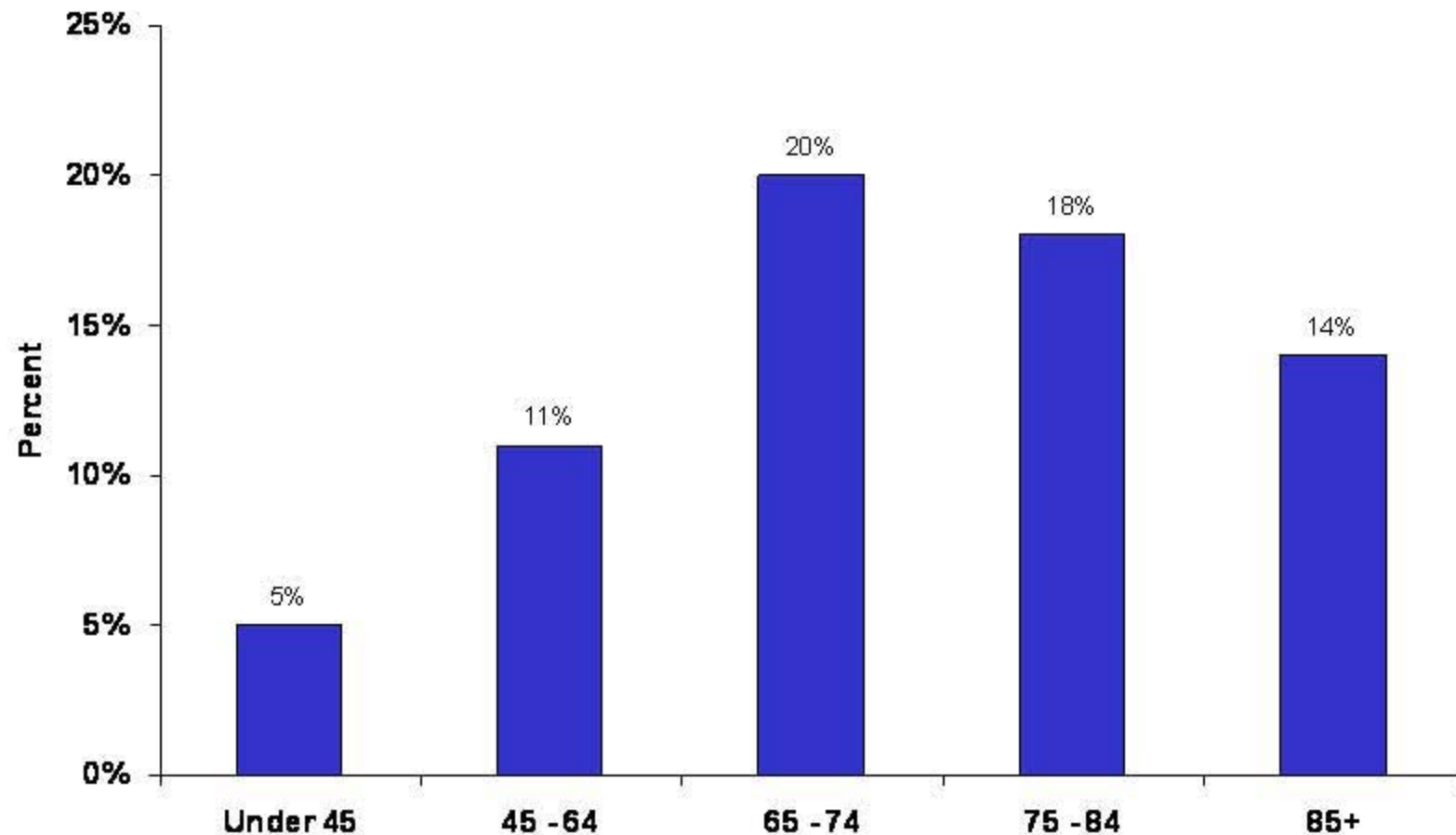
Notes: 1) Medicare+Choice Coordinated Care Plans are private managed care plans, such as health maintenance organizations, that enter into contracts with CMS to enroll Medicare beneficiaries and which are responsible for providing the full range of Medicare-covered services to their enrollees. 2) Data reflect the total Medicare population. 3) Access means the availability of any plan with drug coverage.

Source: CMS, Office of Research, Development, and Information analysis of data from Medicare Compare for 2001 and 2002. The Medicare Payment Advisory Commission (MedPAC) for 1999 and 2000.



## Percent of Beneficiaries Joining Risk HMOs, by Age Group, 2000

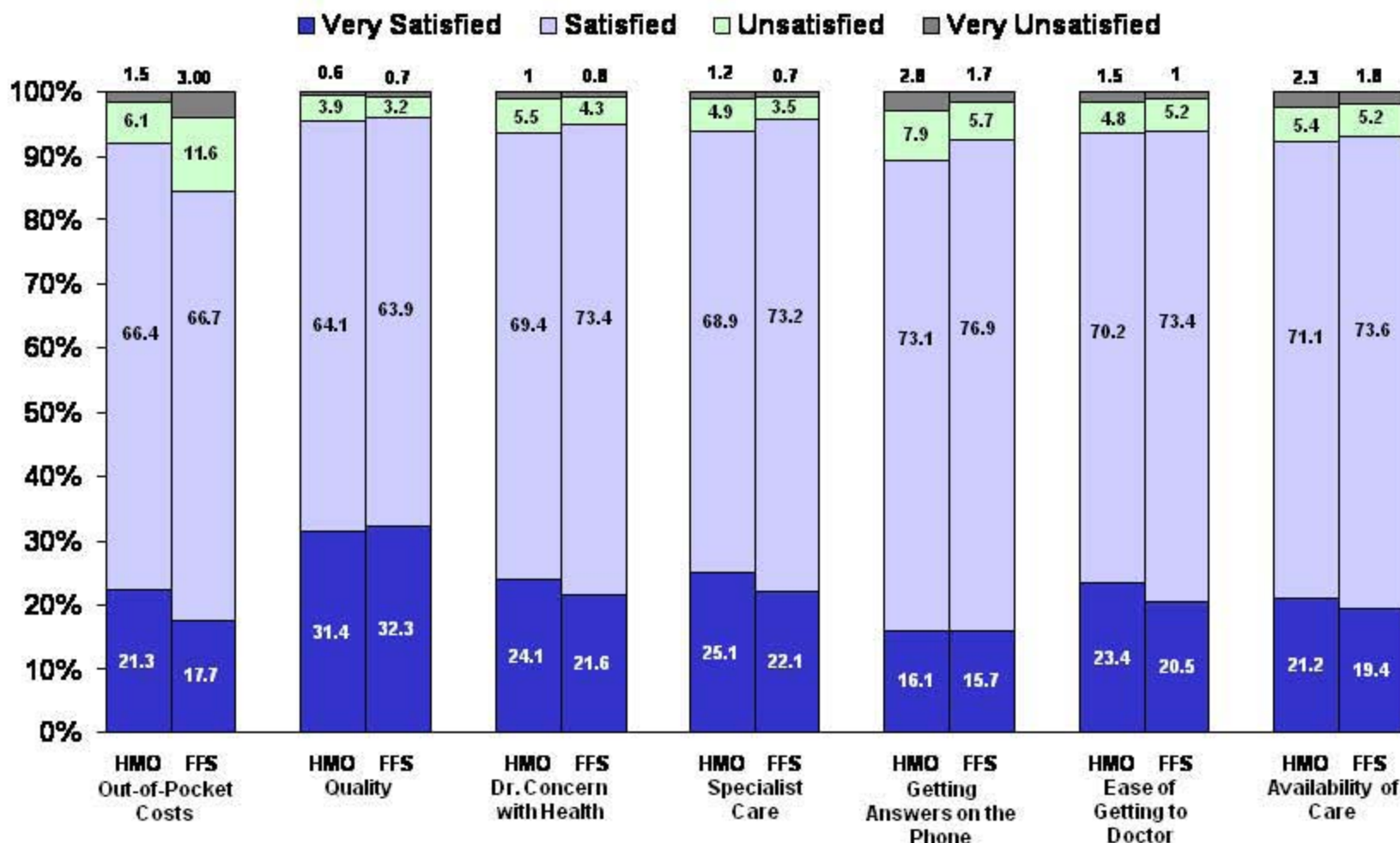
*Beneficiaries between the ages of 65 and 84 are more likely to join HMOs than are the disabled.*



Source: CMS, Office of Research, Development, and Information: Data from Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

# Beneficiary Attitudes Toward HMOs and Fee-for-Service, 2000

*Medicare beneficiaries in managed care and fee-for-service have high levels of satisfaction with their health care.*

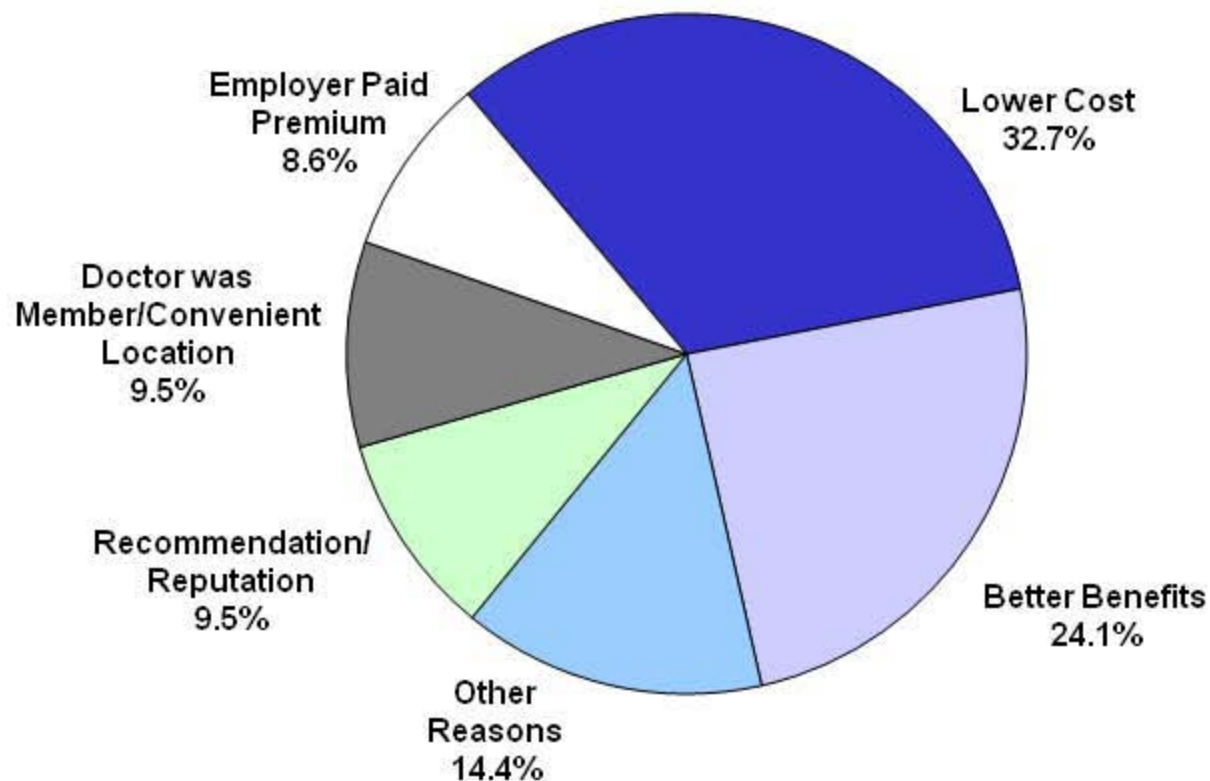


Note: Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

## Primary Reason a Beneficiary Joined a Medicare Risk HMO, 2000

*Lower costs or better benefits were the most common reasons for joining a Medicare Risk HMO.*



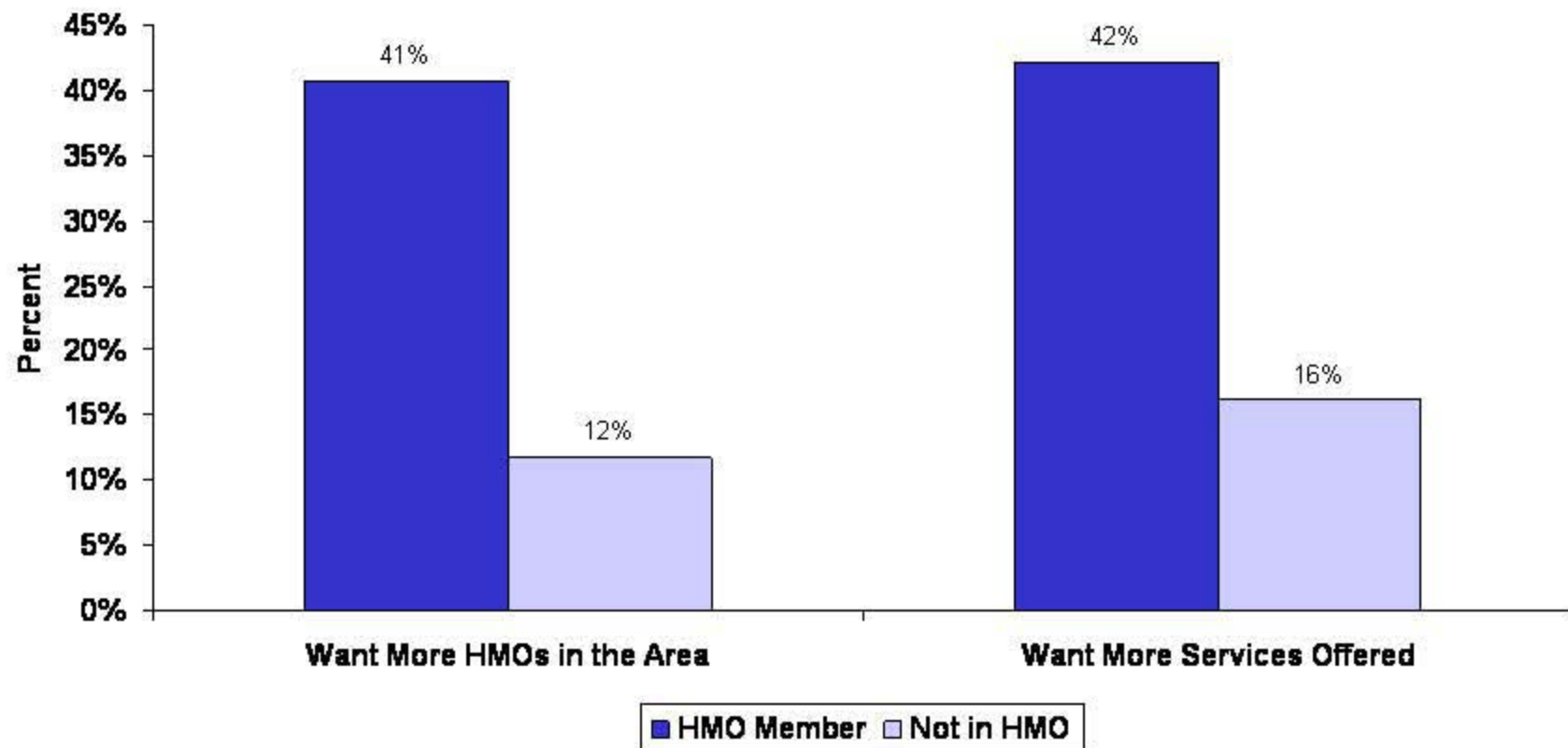
Note: Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.



## Beneficiary Desire for Additional Medicare Risk HMOs and Additional Services, by HMO Status, 2000

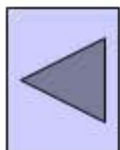
*Beneficiaries in Medicare managed care plans expressed greater desire for additional plans in the area and more services to be offered by those plans.*



Note: Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

# End of Chapter



**Return to Main Menu**

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**Next Chapter**

